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ABSTRACT

This practicum employed a systematic series of activities to assist special education middle school students (n=16) in making successful transitions from special classes into regular classes. Students were identified as either gifted-handicapped or communication disordered. Weekly class meetings were held in which general social skills issues were discussed, role playing techniques were used, and specific social skills were taught. Parents were encouraged to meet, and information about social skills development was provided to them. Results included: (1) students developed new, age-appropriate social skills; (2) students made new friends both in special and mainstream classes; (3) school staff increased their contacts with each other; (4) teachers and parents reported improved student behavior; (5) suspensions for inappropriate social behaviors in school dropped substantially; and (6) students' self esteem grew. Five appendices provide additional detail, including a chart for determining changes in students' social skills, examples of social skills development materials used, examples of social skills rating scales and skills development materials for parents, and charts for determining changes in students' friendships. (Contains 35 references.) (Author/DB)

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Developing a Social Skills Training Program to Assist Special Education Middle School Students Entering the Mainstream

by

Joel F. Shapiro

Cluster 43

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A Practicum II Report presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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8/20/93
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ABSTRACT

Developing a Social Skills Training Program to Assist Special Education Middle School Students Entering the Mainstream. Shapiro, Joel F., 1993: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies. Communication Disorders/Gifted-Handicapped/Self-Esteem/Social Skills

This practicum was designed to employ a systematic series of activities to assist special education middle school students in making successful transitions from special classes into regular classes. Students were identified as either Gifted-Handicapped or Communication-disordered. Many students had appeared academically ready to succeed in specific mainstream classes but had not developed friendships or coped successfully with the increased demands for independence and compliance in the regular education classes.

The writer administered pre- and post-intervention questionnaires to students, teachers and parents. These described the students' social behaviors in school and at home. He instituted weekly class meetings in which general social skills issues were discussed, role playing techniques were used and specific social skills were taught. He offered parents the opportunity to meet and sent home articles regarding social skills development. He increased communication between teachers and other school personnel.

The result of the practicum was that a large majority of the students developed new, age-appropriate social skills. They made new friends both in their special classes and in the mainstream. School staff increased their contacts with one another. Teachers and parents reported that students had developed better social skills in school and at home. Suspensions for inappropriate social behaviors in school dropped substantially. Finally, the students' self-esteem grew as they found that they were capable of engaging in appropriate behaviors in mainstream classes.

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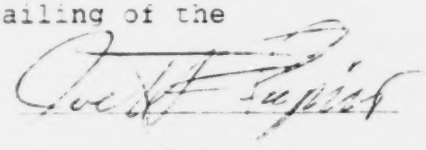

CHAPTER I

INTRODUCTION

Description of Work Setting and Community

The writer's work setting is a public school agency. This agency was originally created by the state legislature in the 1940's to provide special education services to students with low-incidence handicapping conditions in small school districts. The primary purpose was for these small districts to pool their resources in order to render quality services to their handicapped students at realistic costs.

The agency's present function has evolved since that time to providing expertise and personnel in various educational spheres. These include such diverse areas as special and vocational education, educational technology, and budgeting, purchasing and negotiating services. The agency provides all these services on a contract basis to small school districts which do not have the funds or personnel to develop those resources themselves. The agency offers these services to eighteen school districts over a two-county area in a suburb of a major American city.

In keeping with the nation-wide trend toward mainstreaming special education students and educating them

in the least restrictive setting, the agency has increasingly rented classrooms in local school buildings within that two-county region and populated them with students formerly served in its own schools on its own campuses. Whereas it once educated as many as 400 students in its own separate facilities, it now retains only about 100 of the most severely impaired students in these facilities. The remainder of the 700 special education students are now educated in local school buildings.

The process by which a student is referred to the special education arm of the agency is uniform throughout the two-county area. Once a student is identified by his/her local Committee on Special Education (CSE) as having a legally-handicapping condition, a decision is made either to keep the student in one of the CSE's own classes in the child's home school district or to send that student to one of the agency's classes. Should the CSE decide that the writer's agency has a better placement, the child is referred to it. Thus, it is quite probable that a student sent to one of the agency's classes will be sent to a school district which is not the student's home district. It is highly unlikely, therefore, that that student will initially know any of the students either in his/her class or in the school.

The student population of the agency is comprised of children who represent every diagnostic category of handicapping conditions currently listed by the U.S. Department of Education. Their socioeconomic backgrounds

range from wealthy to homeless; they come from rural, suburban and urban environments. They are served by the agency's nearly 400 employees whose expertise encompasses all educational, clinical and administrative disciplines.

Writer's Work Setting and Role

The writer is a school psychologist who serves three of the special education programs administered by the agency. These are the Communication Disorders program, the Gifted-Handicapped program and the Handicapped-Preschooler program.

The Communication Disorders program serves school-age children who suffer aphasias and related language-based learning disorders. It combines small classes with frequent speech/language therapy and individualized academic instruction. The program is currently comprised of five classes averaging about eight students each. All are self-contained classes; children are mainstreamed into both academic and non-academic regular classes as indicated on their Individualized Education Plans.

The Gifted-Handicapped program serves school-age children who demonstrate both intellectual giftedness and a handicapping condition. The latter is usually a learning disability, frequently combined with an emotional disorder. This program combines small-group instruction with counseling. The program is currently comprised of six classes each averaging approximately eight students each. All are self-contained classes; children are mainstreamed into academic and non-academic classes as indicated on their

Individualized Education Plans.

The Handicapped-Preschooler program serves children ranging in age from six months to five years. They typically demonstrate handicapping conditions ranging from milder communication delays to pervasive developmental disorders. The program combines small-group instruction with language therapy and parental training. The program is currently comprised of twelve classes; depending upon the severity and nature of the handicapping condition, class sizes range from six to twelve. None of these children are currently mainstreamed into regular classes.

The writer performs several related functions in his role as school psychologist with these programs. He counsels students where mandated by the student's CSE, performs required psychological testing and consults with teachers and other professionals regarding behavioral and educational issues. He meets with parents to share assessment data as necessary. He attends CSE meetings in order to discuss placement issues and yearly progress of the students. A portion of his consultation is related to the question of when and whether a student is ready to be mainstreamed.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The problem was the inability of many of the handicapped students in the writer's special education classes at the middle school level to be mainstreamed successfully. The students were deemed to have the academic skills necessary to pass the courses in which they were placed, but they did not possess or employ the social skills necessary to succeed in those classes. The problem was seen as most acute at the middle school level. The younger children were more adaptable to the relatively few available mainstreaming opportunities (e.g., music, art, library, physical education). The older students were enrolled in vocational programs, leaving little time for mainstreaming and its concomitant social difficulties.

Federal and State regulations clearly mandate that each handicapped child in a special education setting be educated wherever possible with nonhandicapped children, that is, mainstreamed. The problem of mainstreaming students who have poor social skills had proliferated throughout the writer's programs in recent years, because, increasingly, children who

have more severely handicapping conditions had been returned to special classes in public schools. These children had formerly been educated in the agency's separate special education facilities where mainstreaming was impossible. While mainstreaming was a goal for all of the agency's students, many, especially at the middle school level, had been found to lack sufficient social skills to interact successfully in classes with their nonhandicapped peers.

In brief, many of the students in the writer's middle school special education classes did not possess or demonstrate sufficient social skill development to be able to interact productively in their special education classes or to enter and maintain satisfactory standing in mainstream classes.

Problem Documentation

Evidence supporting the existence of the problem was provided by several sources. These included observations and interviews.

The first line of evidence supporting the existence of the problem came from the writer's observations of students. These observations were made during the spring of 1992 at teachers' requests. The teachers had found that many students were either failing their mainstream classes or were refusing to attend them. The writer observed the students in their regular mainstream classes, their special education classes, in the cafeteria and on the playground. He observed that many of the students in question displayed

poor attitudes and behaviors toward their peers and sometimes their teachers as well. They often failed to interact with their peers at all or else responded with silence, inappropriate or aggressive replies when approached. They frequently sat alone or with one another in the cafeteria or, in several cases, insisted on eating in the classroom.

The second line of evidence supporting the existence of the problem came from interviews with parents of the children. These yielded the information that the children in question usually had few friends at home or in the neighborhood. Parents frequently stated that their children did not have the skills to make or keep friends and that their children were awkward in social situations. They frequently reported that the children's social skill deficits were significant causes of family difficulties as well. Few of the children were reported as having friends in the community; rather, they had a few acquaintances, spent their time watching television, playing solitary video games or else playing with much younger children.

Another line of evidence supporting the existence of the problem was provided by interviews with the supervisor of the special education program and the program's teachers. These interviews indicated that many of the children were lacking in social skill development beyond that which might be expected of nonhandicapped students of middle school age. This deficit hindered their ability to be successfully mainstreamed. The supervisor reported that much of her time

was spent disciplining students who exhibited poor social judgment and behavior, both in the mainstream and special education settings. Special class teachers similarly reported that their ability to teach was hampered by classroom friction engendered by seemingly thoughtless student comments and behaviors.

Another line of evidence supporting the existence of the problem was provided by interviews with many of the students themselves. They indicated that they were fearful of peer rejection and did not know how to act in ways which will bring them approbation and acceptance from peers. They did not feel competent to work with the nonhandicapped students or to compete successfully with them. They disagreed with the judgments of their teachers, who had prepared them academically to enter the mainstream classes. They were acutely aware of what they perceived to be their inferior status in school, but they failed to see that their own behaviors played a determining role in creating any genuine rejection they might face from their mainstream peers.

Causative Analysis

Several specific causes appeared to lie at the root of the problem. These were students' lack of exposure to appropriate social interactions, poor self esteem, the inherent difficulties engendered by their handicapping conditions and poor communication between special and regular class teachers.

The first specific cause of the problem was the students' historical lack of exposure to age-appropriate social behaviors. Many of them began their educational careers in special education programs or were placed in them at an early point in their academic lives; thus, they did not have the opportunity for successful modeling of appropriate behaviors.

Additionally, the poor self esteem which is characteristic of many of special education students appeared to have prevented them from attempting to make and keep friends. They were reluctant to extend themselves to other students, fearing rejection or ridicule; many knew or believed that they did not possess the social skills to initiate or maintain friendships. Their reluctance to interact appropriately was perceived as hostility or aloofness by their mainstream peers, who then reacted accordingly.

The handicapping conditions affecting the students also contributed to the difficulty they encountered in developing positive social relations. Many young teenage students, regardless of educational class placement or the existence of a handicapping condition, find themselves isolated and unable to communicate effectively with peers, teachers or families. Those with educational handicaps, such as those participating in the present practicum, are additionally disadvantaged. All of the students in the practicum had been diagnosed as having a communication disorder, an emotional disorder and/or

a learning disability. They therefore experienced even more difficulty establishing positive social relationships with peers. Their inability to communicate effectively and smoothly prevented them from developing friendships with nonhandicapped peers. Their embarrassment over their handicapping condition was also a complicating factor.

Finally, poor communication between the special and regular class educators prevented the special education teachers from knowing what social skills their students needed in order to succeed in the mainstream. There were no scheduled meetings between these two groups of teachers in which they could share such information and discuss ways to foster positive social relations.

Relationship of the Problem to the Literature

Many professionals have studied and written extensively about the problem of deficient social skill development in special education middle school children. Gresham & Elliott (1990) define social skills as "...learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses". Andersen et al (1988) note that, despite social difficulties they may face, mainstreaming of special education children wherever possible is a mandate of law and is in the interest of benefitting society.

While the concept of encouraging mainstreaming is a given in the field of special education, Sabornie & Beard (1990) find that many disabled students do not spontaneously

exhibit appropriate social skills. Shumaker et al (1982) found that learning disabled secondary students were less socially skilled than were their nonhandicapped peers; they performed in manners similar to other at-risk children, such as those who had been convicted of acts of juvenile delinquency. It is of interest here that Johnson et al (1984) note that where students lack appropriate social skills, teachers are more apt to experience job dissatisfaction. It is evident in this context that the students' lack of social skills are detrimental not only to themselves but to the entire educational atmosphere.

Sabornie & Kauffman (1985, 1986) note that many special education adolescents suffer from low social status among mainstream peers. Zetlin & Murtaugh (1988) report that such children have fewer friends than nonhandicapped peers, while Gresham (1981) shows that even where special classes may alleviate learning problems, students with social problems are often not successfully integrated into regular classes. Gresham (1982) reports that handicapped children interact less often, less successfully and less positively with non-handicapped children than do nonhandicapped children with each other.

In a meta-analysis of the literature on social skills and learning disabilities, Swanson & Malone (1992) show unequivocally that learning disabled children are less liked and are more likely to be rejected by others than nonhandicapped learners. There are longterm consequences to

such rejection; social maladjustment is often a precursor of lifelong social and mental health maladjustment (Sabornie & Thomas, 1985).

The professional literature describes several diverse causes of poor social skills development in handicapped children. Bryan (1991) reports that children with learning disabilities "...differ from achieving children in their attitudes toward themselves and others' attitudes toward them". He indicates that the low self esteem of these children impedes their ability to interact appropriately. Gresham (1986) feels that the children simply often do not possess the requisite skills to interact appropriately, while Perlmutter (1986) believes that the students sometimes do indeed have the skills but lack the motivation to employ them. Andersen et al (1988) indicate that prejudice and negative attitudes in both the mainstream children and the special class children may play a role in handicapped students' inability to adjust satisfactorily socially in the mainstream.

Even when taught proper social skills, as noted by Perlmutter (1986), sometimes handicapped students fail to demonstrate them in appropriate settings. This may be due to any of several factors. These factors include failure to teach social skills that are likely to be reinforced by non-handicapped peers (McConnell, 1987) and failure to teach the skills in a setting where they will be used often and spontaneously by the handicapped children (Simpson, 1987).

Milich, McAninch, & Harris (1992) show that a child who has been given a negative label, such as learning disabled, is likely to be negatively viewed by peers and treated poorly. The child perceives the poor treatment and responds in kind; the peers see the response and, in turn, treat the child with heightened disdain and rejection, thus perpetuating a vicious cycle. This finding expands and amplifies that of Andersen et al (1988) which has been noted above.

Many middle school age children, handicapped and nonhandicapped, experience a dramatic loss of self esteem as they pass through the beginning of adolescence. Body changes, changes in responsibilities, increasing separation from family, changes in friendship patterns, moral judgment issues and numerous other factors contribute to this decline in self-regard. Low self esteem is known to create social isolation in children and is a factor contributory to juvenile delinquency (Fischer & Lazerson, 1984). Children who have genuine deficits such as learning disabilities tend to have poorer self esteem than nonhandicapped children. These factors combine to increase the social isolation and deficient social skills found in many students in special classes (Chapman, 1987).

Gresham (1992) reports that it is likely that neurological deficits (which are presumed to underlie learning disabilities) are not the cause of a learning disabled child's difficulties with social functioning.

Rather, the occurrence of learning disabilities and social skill deficits in the same child is apparently due, in his view, essentially to correlational effects. That is, social and academic dysfunctions are often seen together in the same child, but there is no causal reason for this occurrence. Gresham (1992) feels that social deficits are as amenable to educational intervention as are academic deficits. Elliott & Gresham (1991) have develop a system of social skills evaluation and training based on these findings.

A polar opposite position is advanced by Rourke & Fuerst (1992) regarding the etiology of social dysfunction in learning disabled children. They cite research which suggests that damage to the right hemisphere of the brain is causally connected to poor social skill development. They agree that not every learning disabled child will demonstrate such a deficiency, but they feel that this is due to the fact that the term "learning disability" covers so many different children. That is, one of the many types of learning disabled children has a neurologically-based learning disorder combined with a neurologically-based social interaction disorder.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The following goals and expectations were projected for the practicum:

The goal of the practicum was for the students in the writer's two middle school special education classes, a Gifted-Handicapped class and a Communication Disorders class, to develop and maintain effective social skills which would assist them in succeeding in mainstream classes and the community.

Expected Outcomes

The first outcome expected of this practicum was that the students in the two middle school special education classes would demonstrate an increased knowledge of appropriate social skills and behaviors.

The second outcome expected of this practicum was that the students in the two middle school special education classes would demonstrate an increase in appropriate, prosocial behaviors with their special class peers and with the students in their mainstream classes.

The third outcome of this practicum was that the

children in the two special education middle school classes would demonstrate a decrease in the number of inappropriate social behaviors in school requiring disciplinary action.

The fourth outcome of this practicum was that the children in the two special education middle school classes would demonstrate an increase in interacting appropriately with family members and peers in the community.

Measurement of Outcomes

The first outcome of the practicum was that the students would demonstrate an increased knowledge of appropriate social skills and behaviors. This outcome was measured by administering Gresham & Elliott's Social Skills Rating System (1990) to each student prior to and following the intervention and noting the differences in scores.

The second outcome of the practicum was that the students would demonstrate an increase in appropriate, prosocial behaviors with their special class peers and with the students in their mainstream classes. This outcome was measured by noting whether each student had developed at least one new friendship in his/her special class and in each of his/her mainstream classes by the end of the practicum.

The third outcome of the practicum was that the students would demonstrate a decrease in the number of inappropriate social behaviors in school. This was measured by interviewing the school's dean of discipline, the guidance counselor and the students' mainstream and special education

teachers at the end of the practicum.

The fourth outcome was that the students would demonstrate an increase in prosocial behaviors with peers at home and in the community. This outcome was measured by interviewing the students' parents at the end of the practicum.

Mechanism for Recording Unexpected Events

A log of the practicum was kept in order to record unexpected events. Additionally, notes were kept of the meetings and phone calls the writer had with various individuals, including students, teachers, clinicians, administrative personnel and parents.

Description of Plans for Analyzing Results

The results of the practicum were analyzed by creating charts describing the progress in the development of specific social skills made by each of the students over the course of the practicum. The charts delineate separately the social skills gains made in various behavioral areas in the students' special classes and at home. These charts are included in the current report (see Appendix A). Informal records were kept in the writer's logbook of meetings held with teachers, clinicians, administrators and parents in order to maintain a running record of materials used, activities and techniques employed in the training sessions, problems encountered, ideas developed, and so on. Examples of materials used with the students to develop their social

skills are included in the present report (see Appendix B), and a more detailed description of the activities and techniques employed in the sessions is presented in Chapter IV.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The problem addressed in this practicum was that students in two special education middle school classes served by the writer did not possess or employ appropriate social skills. This resulted in their failure to succeed in mainstream classes. Additionally, it impaired their functioning in the special classes, and it impacted negatively on their ability to interact appropriately at home and in the community.

Goldstein & Pentz (1984) report that the preponderance of the earlier literature which dealt with treatment of social skills deficits in children suggested that the solution lay in the application of one of three types of educational and/or psychological treatments: psychoanalytic, humanistic or behavior modification. They observed that children were often considered more patients with an illness than clients or consumers who simply lacked certain behavioral skills. In more recent times, however, training programs have been developed which have been found to be useful in developing social and behavioral skills.

Solutions to the problem of dealing with inadequate social skills in handicapped children now abound in modern psychological and educational literature. Some concentrate on the building of self esteem (e.g., McDaniel & Bielen, 1990); others target decreasing anxiety in the children (e.g., Roome & Romney, 1985; Poirier, 1991); still others focus on developing specific social skills (e.g., Elliott & Gresham (1991). While approaches vary, all agree that there is one overriding solution to the problem. That solution is to teach directly, in a cognitive, developmental, step-by-step manner, the prosocial skills needed by the children.

Prosocial skills can indeed be taught to special class children. Nelson (1988) points out that various social skills training programs are being implemented as part of the curriculum of many programs for mildly handicapped children. Andersen et al (1988) note that cooperative learning strategies can be successful in teaching handicapped children prosocial skills and works especially well with structured social skills training programs. Numerous social skills training programs have been subjected to validation studies. These include programs offered by Goldstein (1988), Elliott & Gresham (1991), Lenox et al (1990), Lions-Quest (1988), Senderowitz (1989), and Walker et al (1983, 1988).

Programs which teach social skills not only teach the basic behaviors necessary for creating positive social interactions, they assist in developing children's self-

esteem, a critical component needed for success in social interactions. Harter (1982) has noted that many handicapped children perceive their special class as a haven and do not want to leave it; if, however, they are able to deal with the social pressures engendered by presense in the mainstream, they are less anxious about entering it. Additionally, Poirier (1991) has observed that students feel less anxious and more competent when they know what social behaviors are expected of them. Therefore, it is especially important to help handicapped students develop better self esteem in order to assist them in learning that they can in fact adjust socially to the mainstream setting.

Different social skills training programs emphasize different aspects of social functioning and target different populations. The Prepare Curriculum (Goldstein, 1988), for example, contains a large amount of material for working with unsocialized/conduct disordered children. As such, it was not considered appropriate for adoption for use with the writer's population, although some of its materials were applicable.

The ACCESS curriculum (Walker et al, 1988) emphasizes using role play in developing better social skills and has an accompanying student workbook. It can be used with individuals or large groups, although it is recommended for use with small groups. It is to be used daily for about one hour per day for two to four months and is designed for use with mildly handicapped adolescents.

The Lenox et al (1990) PICADA curriculum is a comprehensive one which assists students in learning the dangers of substance abuse and how to resist it. The program is geared from elementary school through middle school ages and is separated into grade levels. The program appears to have good lessons and curricular material. It is limited in that it concentrates solely on substance abuse prevention and was therefore not considered to be appropriate for sole use in the current practicum.

The Lions-Quest program (1988) concentrates on exploring various social situations using 95 structured, sequentially developmental lesson plans; it is designed to be used by professionals who are first trained in the use of the program by the Lions-Quest Program. Technical assistance is available through a toll-free telephone line. A parent involvement component is part of the program, as is a unit on improving family relationships. The program can be divided into mini-units, semester courses and multi-year courses.

The Life Planning Education program (1989) has been recently developed with a strong component on AIDS education and positive community involvement. It contains a useful section on developing better methods of interpersonal communication. It uses a structured, sequential, lesson-plan approach. It is available in loose-leaf form, allowing parts to be copied as needed for instruction, homework, presentation to parents, and so on.

Gresham & Elliott's (1990) Social Skills Rating System

(SSRS) combines a strong emphasis on evaluating the social skills of each child with building individualized interventions for that child. The strength of this system is its ability to diagnose and then target inappropriate behaviors for intervention; it is also very useful in identifying areas in which the child has not yet developed social competence and age-appropriate behaviors. The rating system arrives at numerical summaries of each child's strengths and needs; parents and teachers are interviewed in order to arrive at these summaries, which give a complete picture of the child. A separate book by Elliott & Gresham (1991) details additional methods and provides lesson plans for developing appropriate social skills in children of various ages, needs and abilities.

Description and Justification for Solution Selected

It is apparent from the discussion above that there are numerous approaches to working with children who exhibit various types of deficits in social skills development. These approaches lent themselves in combination to a comprehensive solution to the social skills problems faced by the children in the writer's classes.

Each student in the writer's two middle school special education classes was first evaluated using the Gresham & Elliott (1990) Social Skills Rating System (SSRS). This process involved interviewing all the children, their teachers and their parents. The evaluation yielded a complete profile of each child's social skills strengths and

needs. Once this profile was developed, intervention strategies were developed for each student. The strategies developed drew not only from Gresham & Elliott's (1990) and Elliott & Gresham's (1991) work, but from other relevant units as described above: no single unit so described was seen as meeting the individual needs of all the children in the writer's classes. Hence the need for a program which combined various aspects of several units.

The intervention program was a collaborative effort which involved the writer, parents, special and regular education teachers, counselors and other personnel who interacted with the students. A weekly small-group social skills training program which drew items and activities from the programs described above was created for the students. The new program's materials were selected and developed, based on the children's SSRS scores and interviews with relevant personnel. The new program was administered by the counselors (either a social worker or a psychologist), including the writer, in weekly meetings. Additionally, the class's speech/language pathologist developed lesson plans to coincide and be integrated with the units, as did the reading teacher.

The writer met with the two special education teachers and the two class counselors on a weekly basis in order to coordinate and direct their work. He also scheduled meetings on a regular basis with parents and mainstream teachers in order to gain their input, to discuss the children's progress

through the units and to offer information which would be helpful in increasing the children's prosocial behaviors.

The writer met with the state curriculum representative in his county. She provided materials and staff training which were used to augment the social skills training program. She had extensive experience in working with teachers to prevent substance abuse by increasing children's repertoires of refusal skills. Such skills are seen by many practitioners as vital for children with low self esteem to possess in order to prevent them from accepting offers of illegal substances. These skills were seen as important for the practicum in that they helped the students to develop greater self esteem and the ability to deal more effectively with dangers in the social environment.

The combination of creating individualized social skills development plans, integrating these plans with the special and regular education teachers and coordinating the plans with parents was seen as a powerful means of developing prosocial behaviors for the writer's special education students. As these behaviors developed, the students experienced greater success in their mainstream classes, which, as described above, was the focus of the practicum.

Calendar Plan

The time line for implementation of the practicum is presented in its entirety below.

Month one

Week 1 - Week 4: The writer developed a chart of every student's social skills and deficits in the two special education classes involved in the practicum. He interviewed all students, their parents, their special class teachers, counselors and regular class teachers. He administered the SSRS to each student, parent and special class teacher. The combination of the interviews and administration of the SSRS permitted a comprehensive picture of each student's strengths and needs to be developed so that an intervention plan could subsequently be devised. This information is summarized graphically (see Appendix A). The process took approximately 20 hours.

Month two

Week 1 - Week 2: The writer selected social skills training materials for the training program, based on the strengths and needs of the students which were identified and graphed in Month One. The materials were selected in meetings comprised of the writer, the speech therapist, the reading teacher and the two counselors and two

special education teachers who regularly work with the students. Any social skills goals mandated in the students' Individualized Education Plans were also incorporated into the training program. This process insured that these materials could subsequently be introduced in weekly group counseling and instruction sessions which would meet the identified needs of each student. The writer met with these staff members in order to select the materials from those identified earlier in the present chapter. The materials were available at these meetings for discussion and inspection by the professionals involved. The selection process took approximately a total of ten hours.

Week 3 - The writer and counselors met with the state curriculum trainer in order to incorporate her expertise in drug abuse prevention and self esteem enhancement into the intervention plans. This meeting took three hours.

Week 4 - The writer met with the students in class groups to explain the program and the involvement of their counselors, parents and teachers. The special education

teachers and the counselors were present at these meetings which took one class period (45 minutes) each.

Months three through seven

Week 1 - The students in each of the two classes met in a group for one period weekly with the writer and their regular group counselor (as noted, either a social worker or a psychologist). They presented the training materials developed in the first three weeks of Month Two. Additionally, the writer met with each special education teacher and the counselor for that class. In these two meetings, each lasting for one 45 minute period, he discussed implementation of the training program and led discussions as to how to address any problems with the students the staff were encountering. The writer also planned to meet weekly with the regular education teachers in a group for one period. Here, he planned to lead a discussion concerning any social skills problems the students were encountering in their classes. Scheduling difficulties with these teachers prevented regular group meetings from taking place. Therefore, the writer

arranged for the special education teachers to meet with the regular education teachers consistently and to discuss their students' progress. They then shared the results of those meetings with the writer, who, in turn, responded with relevant information to the regular class teachers. This process served to combine the knowledge and skills all the professionals possessed on behalf of the students and to increase the effective communication between them.

Week 2 - The writer met for one class period with each of the special education teachers, following the format and purpose outlined above. Additionally, the writer also met with the students and their counselors in group sessions during which he co-led the social skills training program scheduled for that day.

Week 3 - The writer met with the special education teachers for one class period. He continued to address the same goals with the special education teachers as described above. He scheduled meetings with the parents of the students in each class in groups for an additional weekly class period. At this meeting, he planned to

discuss the progress and/or problems the students were experiencing at home. The vast majority of parents were reluctant to meet regularly, and the writer therefore scheduled telephone meetings instead and added a written parent-information component to the practicum. This component detailed each student's strengths and needs, as seen by the teacher, parent and student (see Appendix C). The writer also sent home articles of general interest designed to assist parents in developing better social skills in their children (see Appendix D). During meetings with staff, the writer detailed to them concerns expressed by the parents when they spoke with him in person or by phone.

Week 4 - The writer met with the students and their counselors in class groups. Each meeting was held for one class period. He performed functions with the teachers similar to those listed above. He addressed directly at this meeting any difficulties the students were having with implementing the training program. He also met separately with each special education teacher to continue to discuss

implementation of the training program.

Month eight

Week 1 - Week 3: The writer met with the special education and regular education teachers and completed final interviews with them.

Week 4 - The writer spoke with the parents and completed final interviews with them. The results of the practicum were then compiled into the present document.

Report of Action Taken

The practicum plan was followed as described in the Calendar Plan elucidated above. As noted there, two changes were made during the implementation process. The first of these changes concerned the necessity for the writer to share responsibility for interacting with the mainstream teachers. The original plan had called for him to meet monthly with these teachers. As the practicum began in the third month of the school year, however, their schedules had already been set in place for the entire academic year. The writer was scheduled to be in the building one-half day per week, often when these teachers were unavailable. He therefore divided responsibility for meeting with them to discuss students' needs, responses to practicum materials, parental concerns, and so on, with the two group counselors and the two special education teachers. He met weekly with each of the counselors and special education teachers, so that

communication was maintained and ultimate responsibility for the implementation of the practicum remained with him.

The second change concerned the low response rate from parents of the students in both special education classes. When the program was first announced, no parent of the seven students in the Communication Disorders class attended an orientation meeting, while only four parents of the seven students in the Gifted-Handicapped class attended. The writer telephoned each parent who had not attended. He succeeded in obtaining a promise of cooperation from several parents, although most subsequently did not in fact follow through. Those who declined outright cited distance from the school and competing obligations (work, small children at home and other family obligations) as reasons for not being able to attend regular meetings at the school. The writer subsequently found that writing a personal note to each parent when a printed note was mailed home succeeded in heightening the parents' tendency to respond. He also sent articles of interest regarding methods for parents to use in developing prosocial behaviors at home (see Appendix D).

As noted above, the weekly group sessions were amalgams of components of several commercially-available social skills training programs, adapted to the unique needs of the students in the writer's two special education classes. While several of the students presented good general social skills development as measured by the SSRS, the majority were seen to have difficulty with one or more of each of the major

areas (cooperation, assertiveness and/or self-control). The general method of operation, therefore, was to present an exercise designed to strengthen a given area and to allow the students to work out solutions to the problems generated by this exercise. Students known to have strengths in the area were identified by the counselors and encouraged to present their approach to that exercise.

An example illustrates the process described above. An exercise from the Life Planning Education curriculum (1989) is presented in Appendix B; it asks the student to state what he/she likes about him/herself, what the student would change, what the student thinks the teacher likes about him/her and what the teacher thinks the student could improve. The writer expanded the directions to allow students to draw pictures of their responses, as many are severely learning-disabled. Representative responses from a student in each class are presented.

Following completion of this exercise, students shared their responses and suggestions. Sam (all names have been altered), who was rated by his teacher and himself as lacking in self-control on the SSRS questionnaires (see Appendix A), was told by a fellow student to try to think of a "perfect sentence" before he spoke aloud and then to make an okay sign to let the teacher know that he really needed to communicate something and was ready to do so. Ann was told by a fellow-student that she could be a class leader and have people accept her better, if only she did not act in a condescending

manner ("stuck-up") toward the others. Suggestions and behavioral changes which arose from the sessions such as these were discussed with the regular and special class teachers. They were subsequently carried out in the regular and special classes by the students.

Most of the materials used during the practicum do not lend themselves to pictorial presentation. One popular exercise, for example, taken from the Lions-Quest (1988) program, required students to recreate various emotions nonverbally. One student mimed/acted the emotion in front of the class, while his/her classmates were required to guess it. Following each presentation, students discussed who in the school (teachers and fellow students) was likely to express this emotion in this manner and how best to react to it. An unexpected benefit of this exercise was that many of the students were not able to accurately portray many common emotions. The exercise thus assisted them in understanding how they actually presented themselves to others rather than how they thought they presented themselves.

Another popular Lions-Quest (1989) exercise was one requiring the students to create "Booster" and "Killer" statements. A booster statement is one which builds friendship, whereas a killer statement inhibits it. The writer wrote them on the board as students gave them to him. Booster statements were difficult for some children to create and express; they felt as if they would be perceived as weak if they actually said them to peers. These children were

then asked by the writer how they would feel if someone spoke each of the statements to them. When they realized that they would like hearing these statements, they felt less threatened when making such booster statements to others and also allowed them to identify the positive and negative feelings such statements engender in their peers. As all of the students wanted to develop more friendships, this exercise proved to be an important one and was repeated several times throughout the practicum. It was always followed by discussions of actual statements one might make if he/she wished to meet or get to know another student in the class o school better.

Role play exercises, appearing throughout the Life Planning Education (1989) and Lions-Quest (1988) curricula, were extensively utilized throughout the practicum. This technique enabled students to rehearse and thereby master situations which they found difficult and/or uncomfortable, and it permitted them to practice their social skills in a safe, supportive atmosphere. It also assisted them in clarifying some of their interests and values. For example, an exercise from the Life Planning Education (1989) curriculum required students to describe where they thought they would be in their lives in ten years (i.e., have a family, work in a given field, finish high school, and so on). A discussion was generated from this exercise which assisted the students in seeing how their current choices of behavior could prevent or assist them in achieving these

goals.

It should be noted that each of the students in the two classes also received individual weekly counseling, as mandated on their IEPs. Counseling was provided by two of the group leaders. In many cases, the materials developed during the group sessions generated discussion in the individual sessions. Counselors were thus able to support the development of appropriate social skills in the individual as well as group settings.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The problem in the writer's special education setting was that middle school students were unable to be mainstreamed successfully due to their deficiencies in social skills. The students possessed sufficient academic skills to succeed in the mainstream, according to their teachers, but did not succeed for several reasons. They did not develop or maintain adequate interpersonal relationships with peers, they felt isolated when in the mainstream classes, and they had poor social skills overall.

The solution strategy the writer developed addressed the deficiencies noted above. He evaluated each student's current social skills development by asking every student, teacher and parent to complete questionnaires on the topic. The questionnaires were completed by the beginning of the fourth month of the school year at a time when friendship patterns had already been established in both the regular and special education classes. The results of the questionnaires confirmed the writer's contention that the majority of the students did not possess adequate social skills (see Appendix

A). He then developed a social skills training program which he adapted from a number of commercially-available social skills training programs. The new program was individualized to meet the needs of the students in his classes; these needs were identified through the use of the questionnaires. The program was then implemented. The writer met weekly with the students, their counselors and teachers. He maintained periodic written and verbal contact with mainstream teachers, the guidance counselor and parents.

The first outcome of the practicum is depicted in Appendix A. Most of the students in each of the two middle school classes demonstrated increased knowledge of appropriate social skills. They also reported that they had increased their level of appropriate social behaviors. In each of the classes, prior to the intervention, the majority of the students indicated from their responses on the SSRS questionnaire that they possessed inadequate knowledge of one or more components of positive social skill behaviors. These components included cooperation, assertion and self-control. The special education teachers concurred generally with the students' overall assessments of their social skills knowledge and behaviors, as did the students' parents.

Specifically, in the Gifted-Handicapped class, following the intervention, all seven students demonstrated adequate knowledge of appropriate social skills, whereas prior to it, only two did so. In the Communication Disorders class, following the intervention, six of the seven students

demonstrated adequate knowledge of appropriate social skills, whereas prior to it, only two did. The teacher in the Gifted-Handicapped class reported that following the intervention, five of the seven students demonstrated adequate social skills, whereas prior to the intervention, only two of the seven students did. The teacher in the Communication Disorders class reported that following the intervention, six of the seven students demonstrated adequate social skills, whereas prior to the intervention, only four of the seven students did. Three of the four parents who returned questionnaires on their students in the Communication Disorders class reported that following the intervention, their children demonstrated adequate social skills, whereas prior to the intervention, only two had so reported. All six parents who returned questionnaires on their students in the Gifted-Handicapped class reported that following the intervention, their children demonstrated adequate social skills, whereas prior to the intervention, only three had so reported.

The second outcome of the practicum was that the students in both classes demonstrated an increase in appropriate, prosocial behaviors with their special class peers and with the students in their mainstream classes (see Appendix E). This outcome was measured by noting the number of new friendships each student developed in his/her special class and in each mainstream class. Students and their teachers were interviewed to ascertain this finding. Prior

to the intervention, only two of the seven Gifted-Handicapped students had friends in their own class; following the intervention, all seven had developed at least one in-class friendship. In the Communication Disorders class, prior to the intervention, only three of the seven students had friends in their own class; following the intervention, six of the seven had developed at least one in-class friendship.

A similar pattern of friend-making was observed for the students in their mainstream classes (see Appendix E). Again, teachers and students were interviewed to ascertain whether the students had indeed made new friends. Prior to the intervention, only two of the seven students in the Gifted-Handicapped class had at least one friend in a mainstream class. Following the intervention, all seven had developed at least one in-class friendship, and six of the seven had developed at least one mainstream-class friendship. In the Communication Disorders class, prior to the intervention, only three of the seven students had developed at least one mainstream-class friendship. Following the intervention, six of the seven students had developed at least one mainstream-class friendship. In neither class, did any student report having fewer friendships following the intervention than he/she had prior to it.

The third outcome of the practicum was that the students demonstrated a decrease in the number of inappropriate social behaviors in school. This was measured by interviewing the school's dean of discipline, the special class teachers, the

guidance counselor and the mainstream teachers. It was noted that in the school year prior to the present intervention, students in the two classes had been suspended a total of seven times, four from the Communication Disorders class and three from the Gifted-Handicapped class. In the current school year, only two students were suspended; both were from the Communication Disorders class. Additionally, teachers observed that the students were less likely to be sent for in-school detention than they had been in the previous school year.

The fourth outcome of the practicum was that the children in both classes demonstrated an overall increase in appropriate interaction at home (see Appendix A). This outcome was measured by parents' noting the changes in prosocial behavior at home at the onset and conclusion of the intervention. As noted above, it was observed that in the Gifted-Handicapped class, parents of three of the six students reporting noted an increase in prosocial behaviors. In the Communication Disorders class, parents of three of the four students reporting observed an increase in prosocial behaviors. In no case did a student decline in social skills knowledge or behavior at home.

Discussion

The proposed outcomes of the practicum were realized. This was significant in several respects. First, major educational needs of special education students in the writer's care were identified and met. Most of the students

demonstrated their ability to profit from an intervention which assisted them in moving successfully toward the mainstream. These findings are consistent with those reported by numerous investigators (Andersen et al, 1988; Nelson, 1988; Elliott & Gresham, 1991; Porier, 1991). It is significant to note that, partly as a result of the increased positive social interactions noted during the year, four of the students in the two classes are returning to their home schools in the fall.

A second positive result proceeding from the practicum was the increased level of productive contact between special class teachers, regular class teachers, counselors and the writer. The interaction occurring when the professional staff met assisted each person in apprising the others of the status of each child, his/her needs and new methods of enhancing prosocial behaviors. New ideas were generated at these meetings and better understandings of the students' circumstances, strengths and needs were developed.

Another positive result proceeding from the practicum was an observed growth in the self-confidence of several of the students. Such an outcome is consistent with the findings of others (McDaniel & Bielen, 1990; Poirier, 1991). Many did not realize that they did indeed act in ways that inhibited their ability to develop friendships and to avoid conflicts with adults. They expected to have conflicts with peers and adults, because this was the pattern many had experienced for years. The practicum presented, in non-

judgmental but supportive ways, concrete and specific alternative behaviors which assisted them in achieving their wishes to become better-accepted members of the school community.

The implications of these findings are that children who have consistently failed in their attempts to interact appropriately in school can indeed be taught to do so. Such outcomes are neither quickly nor easily obtained, but they are possible. They require a long-term commitment of both time and personnel to the process. Furthermore, the fact that there were carryover benefits at home indicates that, even in cases where parental participation is not optimal, a school-based program of social skills training may be of help in assisting some children to improve their social interactions at home.

Related to this was the unexpected finding that the majority of parents displayed little interest in meeting regularly to discuss their children's social behavior. Most were willing to fill out pre- and post-intervention questionnaires and to discuss their children's social skills problems and/or progress on the telephone, but they were uniformly not interested in meeting on a monthly basis. Two parents of Communication Disorders class students declined to participate in any manner. As noted above, therefore, individual meetings were held on an as-needed basis, with telephone calls and written messages taking the place of most meetings.

A number of reasons appear to explain the low level of parental interest. Some children exhibited adequate social behavior at home, a finding reflected in the questionnaires filled out by their parents; these parents were not interested in attending meetings designed to foster improved social behaviors. Other parents regarded their children's social difficulties as generic to middle-school age (i.e., "a stage"), even when they were unhappy with the behaviors. It is also possible that the decrease in suspensions and reports of unacceptable behaviors emanating from the school indicated to the parents that they did not need to participate in an in-school program. In one of the cases noted above, a significant language barrier existed between the school and parent; despite translating the letters sent home and offering an interpreter for meetings, this parent chose not to participate. Finally, many of the parents would have had to drive significant distances to come to the school; also, most would have missed several hours of work, a situation many felt they could ill afford.

In sum, the social skills training program devised and implemented by the writer improved the social skills knowledge and behavior of students in two diverse middle school classes. Communication between members of the school community was enhanced. The students demonstrated increased knowledge and use of appropriate social behaviors in school, and many of their parents reported improved social relations at home.

Recommendations

The success of the practicum indicates that its principles can be extended through other areas of the writer's agency.

The following recommendations are made:

1. Other psychologists who work in the agency should be apprised of the existence of the social skills training program. Its principles and benefits should be explained to them and its applicability to their caseloads explored. Adaptation of the present system to other types of students is deemed possible without changing its basic structure; new training materials should be developed for each class, depending upon its individual needs.

2. School officials implementing a social skills training program should do so at the beginning of the school year in order to avoid scheduling conflicts and to maximize the social skills and acceptance of students newly-placed in classes.

3. Low parental interest in participating in the program was noted in both classes of the current practicum. Reasons underlying this should be anticipated and addressed in the future, and increased participation sought in any social skills training program implemented.

Dissemination

The writer is scheduled to report on the practicum and its results at a meeting of social workers and psychologists employed at his agency in the fall of 1993. Its applicability to other populations will be discussed at that time.

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APPENDIX A

CHARTS FOR DETERMINING CHANGES IN STUDENTS' SOCIAL SKILLS OVER TIME

COMMUNICATION DISORDERS CLASS

NAME OF STUDENT	PARENT					STUDENT					TEACHER			
	C	A	R	S	Tot	C	A	E	S	Tot	C	A	S	Tot
Tim	F/A	F/A	A/M	A/A	A/M	A/A	F/A	F/F	A/A	F/A	F/A	A/A	F/A	F/A
Sid	A/A	A/A	F/F	F/A	F/A	F/A	A/A	A/A	A/A	A/A	M/M	A/A	A/A	A/A
Ted	A/A	A/A	A/A	A/A	A/A	M/M	M/M	A/A	A/A	M/M	A/A	A/A	A/A	A/A
Ed	*/*	*/*	*/*	*/*	*/*	F/F	A/A	A/F	A/A	F/A	F/F	F/F	F/F	F/F
Sam	*/F	*/F	*/F	*/A	*/F	F/F	A/F	F/F	F/F	F/F	F/A	A/A	F/F	F/A
Myra	*/*	*/*	*/*	*/*	*/*	A/A	A/A	A/A	A/A	F/A	A/A	A/A	F/A	A/A
Zoe	F/F	A/A	A/A	A/A	F/A	F/A	A/A	A/A	F/A	F/A	F/A	F/A	A/A	F/A

LEGEND

X/X: first letter is the score of the SSRS performed at the inception of the practicum; second letter is the score of the SSRS performed at the conclusion of the practicum. All changes in scores are printed in boldface/underlined type for easy identification.

F = student exhibits fewer than the average number of incidents of the listed behavior
A = student exhibits an average number of incidents of the listed behavior
M = student exhibits more than the average number of incidents of the listed behavior
* = questionnaire not returned by parent
C = cooperation
A = assertion
R = responsibility
E = empathy
S = self-control
Tot = Total Social Skills score

GIFTED HANDICAPPED CLASS

NAME OF STUDENT	PARENT					STUDENT					TEACHER			
	C	A	R	S	Tot	C	A	E	S	Tot	C	A	S	Tot
Mack	A/A	M/M	M/M	A/A	A/A	F/F	A/A	A/A	A/A	**F/A**	**F/A**	**F/A**	**F/A**	**F/A**
Bill	**F/A**	A/A	**F/A**	**F/A**	**F/A**	A/A	F/F	F/F	A/A	**F/A**	A/A	F/F	**F/A**	**F/A**
Joe	A/A	M/M	M/M	A/A	A/A	A/A	F/F	F/F	A/A	**F/A**	A/A	F/F	**F/A**	A/A
Jack	A/A	A/A	A/A	**F/A**	A/A	**F/A**	A/A	**F/A**	**F/A**	**F/A**	**F/A**	**F/A**	A/A	**F/A**
Ben	F/F	F/F	**F/A**	A/A	**F/A**	A/A	F/F	A/A	**M/A**	A/A	F/F	F/F	**F/A**	F/F
Ann	F/*	A/*	A/*	F/*	F/*	F/F	A/A	A/A	A/A	A/A	A/A	A/A	A/A	A/A
Don	**F/A**	F/F	A/A	A/A	**F/A**	A/A	F/F	**F/A**	A/A	**F/A**	A/A	F/F	**F/A**	F/F

LEGEND

X/X: first letter is the score of the SSRS performed at the inception of the practicum; second letter is the score of the SSRS performed at the conclusion of the practicum. All changes in scores are printed in **boldface/underlined** type for easy identification.

F = student exhibits fewer than the average number of incidents of the listed behavior
A = student exhibits an average number of incidents of the listed behavior
M = student exhibits more than the average number of incidents of the listed behavior
* = questionnaire not returned by parent
C = cooperation
A = assertion
R = responsibility
E = empathy
S = self-control
Tot = Total Social Skills score

APPENDIX B

EXAMPLES OF SOCIAL SKILLS DEVELOPMENT MATERIALS USED

What I like about Me

Nothing

What I'd change about myself 53

Nothing

What teacher like about

Voice

What teachers think I can improve

The way I do talk a lot

Sam - CD class

BEST COPY AVAILABLE

what I like about me?

What I'd change about myself

what teachers like about me?

what teachers think I can improve.

math
read
history
spelling

Ann - G-H class

BEST COPY AVAILABLE

APPENDIX C

EXAMPLES OF SUMMARIES OF SOCIAL SKILLS RATING SCALES GIVEN TO PARENTS

(AGENCY LOGO)

You, Sid and Mr. Wade all agree that he is about as assertive as the average child his age. He volunteers in class and initiates conversations with peers, for example. Interestingly, Mr. Wade reports that he is more cooperative than the average, while you feel that he is about as cooperative as the average boy. These traits should assist him in being accepted by mainstream teachers. Sid, on the other hand, feels that he is actually less cooperative than he might be.

You feel that he has slightly less self-control than most boys his age, while both he and Mr. Wade agree that, in school, he demonstrates adequate self-control. This trait, of course, will assist him in doing well with mainstream teachers. Sid's report indicates that he can understand how other students feel and that he can respond to them appropriately. It also appears that you would like him to be more responsible at home in areas such as telling you when he is going out with friends, answering the phone appropriately and so on. Mr. Wade sees no difficulty with behaviors such as temper tantrums, fighting with others, acting sad or depressed, talking back to adults, and the like.

We will continue to work with Sid to make his adjustment to mainstream classes as strong as possible. I was pleased to meet with you to discuss the social skills training program, and I look forward to meeting with you again.

(AGENCY LOGO)

Jack sees himself as being somewhat less cooperative than most children his age; his teacher's assessment agrees with this. It will be important for us to work with him so that he can cooperate as fully as possible with his mainstream teachers. Your responses to the Social Skills Rating System questionnaire indicate that you feel that he is about as cooperative at home as the average boy his age. You also feel that he is as assertive as the average child his age; Jack agrees with this, but his teacher feels that he could be somewhat more so in school. Increasing his assertive behavior in school will help Jack to build more friendships, especially in the mainstream.

In the area of self-control, both you and Jack feel that he could do better; in school, his teacher feels that his self-control is adequate. This is a positive trait associated with success in the mainstream. Finally, you feel Jack exhibits about the same level of responsibility as most children his age. (The student and teacher do not rate this characteristic). This will also assist him in the mainstream.

At home, you did not note any areas of Jack's behavior which could be considered as "problem behaviors" over that of the average child. Ms. Hill, however, felt that Jack sometimes seems to be sadder and more lonely than most peers. She feels that his self-esteem needs boosting, and that this

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would assist him in making more friends in the mainstream.

Our social skills training program will continue to work toward assisting Jack in developing the social skills he will need to benefit from the mainstream. I was pleased that you are interested in helping us to help him. I look forward to meeting with you again.

(AGENCY LOGO)

Don and his teacher agree that he exhibits adequate cooperation for a boy his age; you feel that he could do better in this area. In a somewhat different vein, you feel that he is about as responsible as the average child his age (this characteristic is not rated by teacher or student). All parties - you, his teacher and he - agree that he is not as assertive as he could be; this is a difficult area for him, and it is an important one for students who wish to make friends, as Don does. You all also agree that he exhibits an average amount of self-control. Finally, Don does not feel that he is as "connected" empathically to peers as most children his age (a characteristic not rated by parent or teacher). He will need to develop this skill in order to make friends more easily.

I was pleased to hear from you that this has been Don's best year so far in terms of developing friends. He continues to have some more difficulties with what could be termed "problem behaviors" in school than at home. That is, Ms. Hill saw a few more issues than you did; these were Don' liking to be alone and arguing with others at a higher rate than you did. You both agree that he is easily embarassed, gets angry easily, acts sad or depressed and has poor self-esteem. These continue, of course, to need to be addressed, and we hope he will continue to make gains here in private counseling as well as in our program. Please feel free to

contact me should you have any questions or comments. I appreciated speaking with you on Don's behalf.

We will continue to work on the social skills training program at school.

APPENDIX D

EXAMPLES OF SOCIAL SKILLS DEVELOPMENT MATERIALS SENT TO PARENTS

Rewards and punishments often do not work with middle schoolers because their reward system escalates dramatically at this age. What they used to do for a sticker or star, they now will do only for a CD player. The punishment system is just a reverse, so we begin to take things away. This invites the power play of *acting as if nothing hurts*. The common verbal signal for this is "So?" Here are a few rewards that might work as motivational moves.

Time. Middle schoolers love unstructured time to do what they want with no one bothering or questioning them. However, time given in this way should not be without limits. "You did such a good job cleaning your room that you deserve a few nights off. After your homework is finished you can do whatever you want—play video games, listen to your tape player, make candy or just nothing. I won't bother you." The limits do not include playing ding-dong ditch in the neighborhood or cutting a sibling's hair.

Power. Because middle schoolers feel powerless, power is a good reward. Again, it should be within limits. They may devise the menu (use the four food groups) for the day or week; they may choose the TV schedule (no horror movies). This gives them a bit of power over their siblings, which they will use to torture them (lima beans on every menu, the McNeil/Lehrer Report for family viewing).

Structure. Helping middle schoolers structure their lives keeps them on task. Also, once they've accomplished the task, they feel good about themselves. Help them make lists. (Keep them short, make them daily. Middle schoolers live in the NOW, so something to be done "this week" will never get done. If a youngster says "later" you are doomed.) Show them how to break big tasks into smaller parts. Give them tips on organization, but don't organize them. Your way may not be their way. Besides that, they want to feel as if they, not you, are in control. Use every means possible to remind them, but don't nag. Nagging is not training; you can't yell a child into compliance or remembering. Instead, write notes, hand them things, be patient. This will not last forever.

Interest. Most of us are motivated by interest. Some tasks may be more interesting to a middle schooler if he or she can do them with someone. One of the chief things we know about middle schoolers is that they are social, yet we often do not take advantage of this. "You may help Maribeth clean her room on Saturday morning, then I expect you both over here on Saturday afternoon to work on yours." "Maybe Lou would like to come over and work with you on that project." Young adolescents might also be interested in tasks if they could listen to music or move around while they work, or take breaks every fifteen minutes.

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Parents, you can provide good models for your children by what you do and what you avoid doing.

- ❑ Show that you value your freedom to think and act independently – you don't do something because "everyone is doing it." This helps your children see that unwanted peer pressure can be rejected.
- ❑ Be consistent in your words and actions. For example, a phone call interrupts your dinner and you say, "Tell them I'm not home yet." The message your children hear is that it's okay to be dishonest for your own convenience.
- ❑ Demonstrate your sense of self-respect and self-esteem. For example, taking care of your health through exercise and diet offers a strong model for your children. Be creative and consistent in your use of free time, showing that there are alternatives to being a 'couch potato' or 'hanging out.'
- ❑ Demonstrate respect for your children's lives and show concern by being a good listener. Be sincere, ask questions, and use a touch or look for encouragement.
- ❑ Be aware of how your own use of alcohol can influence children. Drinking in front of children has not been shown to be harmful, but your children will notice how much you drink and why. Avoid using excuses for drinking, like having a hard day. Your drinking behavior tends to be the drinking behavior your children will have when they grow up.
- ❑ Talk honestly about stress and conflict in your own life. Children need to know that such struggles are a normal part of life. They have a good model when they see that you are coping with problems without relying on alcohol and other drugs.
- ❑ If you are trying to change something in your behavior – such as quitting smoking or losing weight– be willing to talk about what works and what doesn't.

From " Messages that Work: Tips for Parents" by P. Warble, 1993, Of Substance, p. 4. Copyright 1993 by Bedford/Lewisboro/Pound Ridge Drug Abuse Prevention Council Newsletter.

APPENDIX E

CHARTS FOR DETERMINING CHANGES IN STUDENTS' FRIENDSHIPS OVER TIME

COMMUNICATION DISORDERS STUDENTS

	Special Class		Regular Classes	
	Number of Friends Before Intervention	Number of Friends After Intervention	Number of Friends Before Intervention	Number of Friends After Intervention
Name				
Tim	-	1	-	1
Sid	2	4	2	4
Ted	2	5	4	6
Ed	-	-	-	1
Sam	-	1	-	-
Myra	2	5	2	6
Zoe	-	4	-	1

GIFTED-HANDICAPPED STUDENTS

	Special Class		Regular Class	
Name	Number of Friends Before Intervention	Number of Friends After Intervention	Number of Friends Before Intervention	Number of Friends After Intervention
Mack	-	3	-	1
Bill	-	3	-	2
Joe	-	1	-	1
Jack	2	5	1	4
Ben	-	1	-	-
Ann	5	5	4	6
Don	-	1	-	1